



PATENT APPLICATION No.: 10/726,618  
ATTORNEY DOCKET No.: 52493.000310

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Number : 10/726,618 Confirmation No.: 5754  
Applicant : Piero BONISSONE et al.  
Filed : December 4, 2003  
Title : SYSTEM AND METHOD FOR USING MEDICATION AND  
MEDICAL CONDITION INFORMATION IN AUTOMATED  
INSURANCE UNDERWRITING  
TC/Art Unit : 3626  
Examiner: : Christopher L. Gilligan  
Docket No. : 52493.000310  
Customer No. : 21967

**MAIL STOP AMENDMENT**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**INFORMATION DISCLOSURE STATEMENT**

Sir:

In accordance with 37 C.F.R. §§ 1.97 and 1.98, and in compliance with the duty of disclosure set forth in 37 C.F.R. § 1.56, applicants submit attached Form PTO-SB/08B (modified) for consideration and request the references cited therein be made of record by the U.S. Patent and Trademark Office in the above-captioned application.

In accordance with 37 C.F.R. § 1.98(a)(2)(ii), copies of cited U.S. patents and/or U.S. patent application publications, are not being provided. In accordance with 37 C.F.R. § 1.98(d), copies of the references are not being provided because they were cited in Information Disclosure Statements submitted in U.S. Application No. 09/876,053, from which the present application claims the benefit under 35 U.S.C. § 120.

Consideration of the foregoing plus the prompt return of a copy of the enclosed Form SB/08B with the Examiner's initials in the left column in accordance with MPEP 609 are respectfully requested.

In accordance with 37 C.F.R. § 1.97(b), this Information Disclosure Statement is believed to be submitted prior to issuance of a first Office Action. Therefore, it is respectfully submitted that no fee is required for consideration of this information. However, in the event any fee is deemed necessary, the Commissioner is authorized to charge the undersigned's Deposit Account No. 50-0206.

Respectfully submitted,

HUNTON & WILLIAMS LLP

Dated: \_\_\_\_\_

11/2/07

By: \_\_\_\_\_

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